Name in Full: Edith Amelia Jordan Alexandra

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Oak Orchard; County: Frederick

Date of death 1904: Month: Oct; Day: 3; Age: Years: 26; Months: 6; Days: 3

TO BE ANSWERED BY NEAREST FRIEND

Sex: Female; Color or Race: W; Birthplace: Md

Married, Single or Widowed: Married; Occupation:

Name of Wife or Husband: Curval Alexandra

Father's Name: Jacob Kiler; Father's Birthplace: Md

Mother's Maiden Name: Amanda Albert; Mother's Birthplace: Md

Name of person giving information: Aida Kiler; How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: [illegible] 1/6; How long:

Immediate: Peritonitis; How long: 4 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: G. H. Brown

Address: New Windsor

Accident or Suicide?

LIBRARY BUREAU A66516

H. Bankard

Undertaker

Name in Full: Sarah Bartholow #22

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Bartholows — County: Frederick

Date of death: Month: 1904 Oct. — Day: 14th — Years: Age 17 — Months: 5 — Days:

Sex: Female — Color or Race: white — Birthplace: Bartholows, Md.

Occupation: Music Teacher — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Jno. B. Bartholow — Father's Birthplace: Bartholows, Md

Mother's Maiden Name: Mary Gaudrill — Mother's Birthplace: Annapolis, Md.

Name of person giving Information: Jno. B. Bartholow — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Typhoid Fever — How long: 2 weeks

Immediate: Cardiac Asthenia — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Downey & Hopkins

Address: New Market, Md.

Accident or Suicide? no

LIBRARY BUREAU A88816

Name in Full: Drecia May Brachley

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Neon Burkittsville; County: Frederick

TO BE ANSWERED BY NEAREST FRIEND

Date of death	Month	Day	Years	Months	Days
1904	Oct	10	Age One	Three	Few

Sex: Female | Color or Race: White | Birthplace: Neon Burkittsville

Occupation: | Where Residing if not at place of death:

Married, Single or Widowed: | Name of Wife or Husband:

Father's Name: Elmer Brachley | Father's Birthplace: Neon Burkittsville

Mother's Maiden Name: Mattie Virginia Gosson | Mother's Birthplace: Maryland

Name of person giving In formation: Elmer Brachley | How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dentition | How long:

Immediate: Convulsions | How long: about 1 hour

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C N Schuerneck

Address: Burkittsville Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: David M. Brengle

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Frederick — County: Frederick

Date of death 1904 — Month: 10 — Day: 22 — Age — Years: 59 — Months: 1 — Days: 22

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: None — Where Residing if not at place of death: X

Married, Single or Widowed — Name of Wife or Husband: X

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Lewis Brengle — Father's Birthplace: Md

Mother's Maiden Name: Mrs. Carlton, Rebecca — Mother's Birthplace: Md

Name of person giving Information: Mr. Young and who he lived — How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phthisis Pulmonalis — How long: 20 years

Immediate: Asthenia — How long: X

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Franklin Buchanan M.D.

Address: Md

Accident or Suicide?

LIBRARY BUREAU A88016

Name In Full

Samuel Davis

Certificate of Death

Died ~~at~~ near Town Woodville County Frederick MARYLAND

Date ~~1899~~ 1904 Month Oct. Day 12 | Age Y. 70 M. D. | Native of Frd Co | Occupation Laborer

Male ~~Female~~ | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living One

~~Wife~~ Husband of Lucinda Davis

Father's Name Aquilla Davis | Mother's Name Don't-Know

Cause of Death — Primary: Brights disease — How long sick: 10 days

Immediate: Uremic Poisoning — ~~Accident, Suicide, Homicide~~

Reported by David M. Devilbiss

Address Woodville Md.

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Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Delander

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Myersville
County: Frederick
Date of death 1904: Month: Oct. Day: 21
Age: Years: — Months: — Days: 4
Sex: Female
Color or Race: White
Birthplace: Myersville.
Married, Single or Widowed: —
Occupation: —
Name of Wife or Husband: —
Father's Name: Simon Delander
Father's Birthplace:
Mother's Maiden Name:
Mother's Birthplace:
Name of person giving information:
How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia, (Croupous) 93
How long: 3 days
Immediate: Exhaustion.
How long: —
Are the name, age, sex, color, date and place correctly given above? yes.
Signature of Physician: B. H. Hoke M.D.
Address: Myersville Md.
Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: William W. Drumenburg

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: New London — County: Frederick

Date of death 1904 — Month: Oct — Day: 26 — Years: Age 52 — Months: 11 — Days: 24.

Sex: Male — Color or Race: White — Birthplace: Frederick Co

Occupation: Farmer — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Annie V Drumenburg

Father's Name: John Drumenburg — Father's Birthplace: Fred Co

Mother's Maiden Name: Rachel Marker — Mother's Birthplace: Carroll Co. Md

Name of person giving Information: Annie V Drumenburg — How related to deceased: Wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Paralysis — How long: 3 days

Immediate: Coma — How long: 2 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Thomas Sinn.

Address: Liberty Town Md.

Accident or Suicide?

LIBRARY BUREAU A83616

Name in Full: Jane Dappin

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Ola Fields County: Frank

Date of death: Month: Oct Day: 3d Year: 1904 Age: Years: 60 Months: Days:

Sex: Female Color or Race: Colored Birthplace: Frank Co

Occupation: Housework Where Residing if not at place of death:

Married, Single or Widowed: Married Name of Wife or Husband: Singleton Dappin

Father's Name: Andrew Richardson Father's Birthplace: Frank Co

Mother's Maiden Name: Charlotte Richardson Mother's Birthplace: Frank Co

Name of person giving information: John Ray How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Nephritis How long: About 6 mos

Immediate: Exhaustion How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm B Stone

Address: Libertytown Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full Mary Elizabeth Ecker

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Liberty — County: Frederick

Date of death 1904 — Month: Oct — Day: 11 — Age: Years: 64 — Months: 8 — Days: 19

Sex: Female — Color or Race: White — Birthplace: Frederick Co

Occupation: Housewife — Where Residing if not at place of death:

Married, Single or Widowed: Widow — Name of Wife or Husband: Levi Ecker

Father's Name: Geo. W. Gilmore — Father's Birthplace: Mont Co and

Mother's Maiden Name: Ellen Walker — Mother's Birthplace: Mont Co

Name of person giving Information: Jennie Kemp. — How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis — How long: 3 years

Immediate: Coma and exhaustion — How long: 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Thomas Linn.

Address: Liberty town. Md.

~~Accident or Suicide?~~

LIBRARY BUREAU A66816

Name in Full: Elizabeth Rebecca Ford

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Jjamsville (County) Frederick

Date of death	Month	Day	Years	Months	Days
1904	10th	25th	Age 70	10	11

Sex: Female | Color or Race: White | Birthplace: Maryland

Occupation: Housewife | Where Residing if not at place of death: near Jjamsville Md.

Married, ~~Single or Widowed~~ | Name of ~~Wife or~~ Husband: Isaac Ford

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: William Howard | Father's Birthplace: Frederick County

Mother's Maiden Name: Matilda | Mother's Birthplace:

Name of person giving Imformation: [illegible] | How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer of Intestines | How long: one year

Immediate: Marasmus & general tissue waste | How long: six mo

Are the name, age, sex, color. date and place correctly given above? yes

Signature of Physician: George H. Riggs MD

Address: Jjamsville Frederick Co. Md.

~~Accident or Suicide?~~

LIBRARY BUREAU A88016

Name in Full: Mehl M. Green

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Patuxent Walkersville County: Prederick

Date of death	Month	Day	Years	Months	Days
1904	October	26	Age	6	

Sex: Male | Color or Race: White | Birthplace: Maryland

Occupation: | Where Residing if not at place of death:

Married, Single or Widowed: | Name of Wife or Husband:

Father's Name: Mel Green | Father's Birthplace: County

Mother's Maiden Name: Jackson | Mother's Birthplace: "

Name of person giving Imformation: | How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Meningitis | How long: 6 1

Immediate: | How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Richard M Goldsborough

Address:

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Minnie Hall

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Frederick — County: Frederick

Date of death: 1906 — Month: Oct — Day: 15 — Years: Age 9 — Months: 8 — Days: 21

Sex: Female — Color or Race: Colored — Birthplace: Frederick, Md

Occupation: Scholor — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Thos. H. Hall — Father's Birthplace: Md.

Mother's Maiden Name: Mary Jane Daly — Mother's Birthplace: Md

Name of person giving In formation: Thos H. Hall — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Miliary Tuberculosis — How long: Several mos,

Immediate: Cardiac asthenia — How long: Several days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. G. Bourne - M.D.

Address: Frederick, Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Hays

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Wolfsville — County: Frederick

Date of death 1904: Month: Oct — Day: 8 — Age: Years: — Months: — Days: 7

Sex: Female — Color or Race: White — Birthplace: Wolfsville

Married, Single or Widowed: Infant — Occupation: Infant

Name of Wife or Husband:

Father's Name: M.S. Urner Hays — Father's Birthplace: Wolfsville

Mother's Maiden Name: Josephine A. Faucht — Mother's Birthplace: Wolfsville

Name of person giving information: Josephine A. Faucht — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Premature Birth — How long:

Immediate: Cyanosis — How long: 24 hrs

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Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A J Smith

Address: Wolfsville Md

Accident or Suicide?

LIBRARY BUREAU A89516

Name in Full: August Herwig

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Frederick — County: Frederick

Date of death: Month: Oct. Day: 17 1904

Age: Years: 81 Months: 2 Days: 13

Sex: Male

Color or Race: white

Birthplace: Germany

Occupation: Stone-cutter

Where Residing if not at place of death: —

Married, Single or Widowed: Married

Name of Wife or Husband:

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving Information:

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Catarrhal Jaundice - Ascites — How long: Two weeks

Immediate: Asthenia — How long:

114

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. O. Hendrix, M.D.

Address: Frederick, Md.

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: Daniel M Huffman

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Bartholows — County: Frederick

Date of death: 1904 — Month: Oct — Day: 1st — Age: Years: 35 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Frederick

Occupation: Telegraphic Lineman — Where Residing if not at place of death: Gaithers Carroll Co

Married / Widowed: Widower — Name of Wife or Husband: [redacted]

TO BE ANSWERED BY NEAREST FRIEND

Father's Name	Daniel M Huffman	Father's Birthplace	—
Mother's Maiden Name	Margaret Kaufman	Mother's Birthplace	—
Name of person giving Information	Florence Huffman	How related to deceased	Sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	Suicide	How long	—
Immediate	Caused by Hanging	How long	—
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of [redacted]	Coroner
[redacted] or Suicide?	Suicide	Address	Ridgeville Hobbs PP Coroner

Jas R Ebert undertaker

LIBRARY BUREAU A83816

Name in Full: Elizabeth Keyseker

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Brunswick — County: Frederick

Date of death 1904 — Month: Oct — Day: 28 — Age: Years 63 — Months — Days

Sex: Female — Color or Race: White — Birthplace: W. Va.

Occupation — Where Residing if not at place of death: Boonsboro

Married, Single or Widowed — Name of Wife or Husband: George A. Keyseker

Father's Name: William Butts — Father's Birthplace: West Virginia

Mother's Maiden Name: Margaret Beachy — Mother's Birthplace: West Virginia

Name of person giving Information: Martha E. Thomas — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Organic Heart Disease 79 — How long: —

Immediate: Heart failure — How long: 30 Minutes

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Levin Kist

Address: Brunswick Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Klein Andrew J.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Frederick; County: Frederick

Date of death 190 4: Month: 10; Day: 29

Age: Years: 36; Months: 1; Days: —

Sex: Male

Color or Race: White

Birthplace: Frederick Co.

Married, Single or Widowed: Married

Occupation: Farmer & Teacher

Name of Wife or Husband: Mary Ramsburg.

Father's Name: Samuel Klein

Father's Birthplace: Frederick Co.

Mother's Maiden Name: Catharine Smith

Mother's Birthplace: do

Name of person giving In formation: Chas E Klein

How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Intra Cranial Tumor

How long: 4 Years or More

Immediate: Apolora & Paralysis

How long: 3 Days.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Henry P. Fahrney

Address: Frederick Md

Accident or Suicide?

LIBRARY BUREAU A85516

Middletown Md

Name in Full: Samuel L. H. Lighter

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Middletown; County: Frederick

Date of death: Month: Oct; Day: 1; 1904

Age: Years: 61; Months: 11; Days: 28

Sex: Male

Color or Race: White

Birthplace: Maryland

Occupation: Farmer

Where Residing if not at place of death:

Married, Single or Widowed: Married

Name of Wife ~~Husband~~: Charlotte Lighter

Father's Name: Lawson Lighter

Father's Birthplace: Md

Mother's Maiden Name: Catherine Barber

Mother's Birthplace: Md

Name of person giving Information: H. L. Fete

How related to deceased: none

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Arterio-Sclerosis of Coronary Arteries

How long: 1½ mos.

Immediate: Paralysis of Heart

How long: 10 mins.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: T. A. Lawson M D.

Address: Middletown Md

Accident or Suicide?

LIBRARY BUREAU A83516

Name in Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town — County

Date of death 1904 — Month — Day — Years Age — Months — Days

Sex — Color or Race — Birth-place

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving In formation — How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? — Signature of Physician

Address

Accident or Suicide?

LIBRARY BUREAU A83516

b. b. Early
Morning
Oct 26

Name in Full: Manton L. Marble

CERTIFICATE OF DEATH

MARYLAND

Died at: Montevue Hospital — Town: Frederick — County:

Date of death: Month: Oct — Day: 16 — 1904 — Years: Age 52 — Months: — Days:

Sex: Male. — Color or Race: White — Birthplace:

Occupation: Machinist — Where Residing if not at place of death: X

~~Married~~, Single or ~~Widowed~~ — ~~Name of Wife or Husband~~:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: X — Father's Birthplace: X

Mother's Maiden Name: [illegible] — Mother's Birthplace:

Name of person giving Information: 27 — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long:

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: R. S. Lyons.

Address: Frederick Md.

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full: Infant of Lottie Mathews

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Frederick — County: Frederick

Date of death 1904 — Month: Oct — Day: 1 — Age — Years: — Months: — Days: —

Sex: Male — Color or Race: Black — Birthplace: Md

Occupation: X — Where Residing if not at place of death: X

Married, Single or Widowed: X — Name of Wife or Husband: X

Father's Name: Unknown — Father's Birthplace: X

Mother's Maiden Name: Lottie Mathews — Mother's Birthplace: Md

Name of person giving Information: " " — How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long: X

Immediate: Premature birth — How long: X

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W A Long

Address

Accident or Suicide?

LIBRARY BUREAU A48516

Name in Full: Ralph Edward Miller

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Mt. Labor — County: Frederick Co.

Date of death 1904 — Month: Oct — Day: 5

Age — Years: — Months: 2 — Days: 12

Sex: Male — Color or Race: White — Birthplace: Frederick Co. Md

Married, Single or Widowed: — — Occupation: —

Name of Wife or Husband: —

Father's Name: Charles Miller. 157 — Father's Birthplace: Frederick Co. Md

Mother's Maiden Name: Edna Horine — Mother's Birthplace: Frederick Co. Md.

Name of person giving information: Mother of child — How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: [bed] — How long: —

Immediate: Asphyxia, found died in — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Ralph Browning

Address: Myersville Md.

~~Accident or Suicide?~~

LIBRARY BUREAU A88516

Name in Full: Mario. Morris

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Montevue Hospital; County: Frederick

Date of death 1904: Month: Oct; Day: 27; Age: Years: 35; Months; Days

Sex: Male; Color or Race: Black; Birthplace

Occupation: Laborer; Where Residing if not at place of death

Married, Single or Widowed: Single; Name of Wife or Husband: X

Father's Name: X; Father's Birthplace

Mother's Maiden Name: X; Mother's Birthplace

Name of person giving Information; How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Insanitis; How long

Immediate: Exhaustis; How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: R. S. Lyons.

Address: Frederick Md.

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Rebecca Nord

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Emmitsburg; County: Frederick

Date of death: 1904 Month: 10 Day: 26 Years: 65 Months: Days:

Sex: Female Color or Race: White Birthplace: Emmitsburg Md

Occupation: Housekeeper Where Residing if not at place of death: —

Married, Single or Widowed: Married Name of Wife or Husband: Emanuel Nord

Father's Name: John T. Jackson Father's Birthplace:

Mother's Maiden Name: Mary A. Hoves Mother's Birthplace:

Name of person giving Information: Hoyt's Baker 93 How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis of the left side How long: Six weeks

Immediate: Double Pneumonia How long: Four days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John B Brawner, MD

Address: Emmitsburg Md.

Accident or Suicide?

LIBRARY BUREAU A96816

Name in Full: John H. Prince

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Montevue Hospital; County: Frederick

Date of death: 1904; Month: Oct; Day: 29; Age: Years: 25; Months; Days

TO BE ANSWERED BY NEAREST FRIEND

Sex: Single; Color or Race: White; Birthplace

Occupation: X; Where Residing if not at place of death: X

Married, Single or Widowed; Name of Wife or Husband

Father's Name; Father's Birthplace

Mother's Maiden Name; Mother's Birthplace

Name of person giving information; How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis; How long

Immediate: Exhaustion; How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: R. S. Lynn

Address: Frederick Md.

Accident or Suicide?

LIBRARY BUREAU A66619

Name in Full: Annie Reed

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Frederick — County: Frederick

Date of death: Month: Oct — Day: 6th — Year: 1904 — Age: Years: 63 — Months: 9 — Days: 21

Sex: Female — Color or Race: Colored — Birthplace: Va

Occupation: Domestic — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: [illegible] — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving information: Emma Hill — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Apoplexy 64 — How long: 2 days

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: A. G. Bourne, MD

Address: Frederick, Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Robert J. Ricketts

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Greenfield — County: Garr.

Date of death: 1904 — Month: Oct. — Day: 5 — Age: Years: 55 — Months: 7 — Days: 23.

Sex: Male — Color or Race: White — Birthplace: Md.

Occupation: Laborer — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Sarah Ricketts

Father's Name: Benj. Ricketts — Father's Birthplace:

Mother's Maiden Name: Elizabeth Trail — Mother's Birthplace:

Name of person giving Information: Mrs. S. Ricketts — How related to deceased: Grandson

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Endocarditis — How long: 79 Several months

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. H. Conley

Address: Adamstown Md.

Accident or Suicide?

LIBRARY BUREAU A88518

Name in Full: Adam Robeson

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Frederick — County: Fredk

Date of death: Month: 10 — Day: 19 — Years: 88 — Months: — — Days: —

Sex: Male — Color or Race: Black — Birthplace: Md

Occupation: Laborer — Where Residing if not at place of death: Same

Married, Single or Widowed: Widower — Name of Wife or Husband: Harriet Brown

Father's Name: — Father's Birthplace: —

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving Information: Dorsey Robeson — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Old Age. — How long: —

Immediate: Exhaustion — How long: Several Hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: None in attendance

Address: A. T. Rice & Son's Funeral Directors

Accident or Suicide? —

LIBRARY BUREAU A88816

Interment at Laboring Locus
" Oct 21 " 04
A. T. Price Undertaker

Name in Full: James H. Robinson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Montevue Hospital; County: Frederick

Date of death: 1904; Month: Oct; Day: 2; Age: Years: 79; Months; Days

Sex: Male; Color or Race: White; Birthplace

Occupation; Where Residing if not at place of death

~~Married~~, Single or Widowed; ~~Name of Wife or Husband~~

Father's Name: X; Father's Birthplace: X

Mother's Maiden Name: X; Mother's Birthplace: X

Name of person giving Information; How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: General Senility; How long: 1 5 4

Immediate: Exhaustion; How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: R. S. Lynn

Address: Frederick Md.

Accident or Suicide?

LIBRARY BUREAU A88616

Name in Full: Phillip A. Rollins

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Frederick; County: Frederick

Date of death 1904: Month: Oct; Day: 2

Age: Years: —; Months: 1; Days: 17

Sex: Male

Color or Race: Black

Birthplace: Frederick

Married, Single or Widowed: —

Occupation: —

Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Wm T. Rollins

Father's Birthplace: Frederick

Mother's Maiden Name: Harriet Bryson

Mother's Birthplace: Frederick

Name of person giving information: A. T. Price & Sons

How related to deceased: Not related

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Marasmus 151

How long: About 1 month

Immediate: Exhaustion

How long: Short while

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. M. Goodman M.D.

Address: Castle Bldg Frederick Md.

Accident or Suicide? —

LIBRARY BUREAU A88516

Name in Full: Rudisill

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Wolfsville — County: Fred'k

Date of death 1904 — Month: Oct — Day: 18 — Age — Years: — Months: — Days:

Sex: male — Color or Race: white — Birthplace: Wolfsville

Married, Single or Widowed: Infant — Occupation: Infant

Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Joseph H. Rudisill — Father's Birthplace: Wash. Co. Md.

Mother's Maiden Name: Carrie C. Barkdoll — Mother's Birthplace: Fred'k Co., Md.

Name of person giving information: Carrie C Rudisill — How related to deceased: mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: S. — How long: —

Immediate: Still born — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: A. J. Smith

Address: Wolfsville, Md.

Accident or Suicide? —

LIBRARY BUREAU A88315

Name in Full: Mary Ann Shelton

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Shookstown; County: Frederick

Date of death: 1904; Month: 10; Day: 4; Years: Age 68; Months: ; Days: ;

TO BE ANSWERED BY NEAREST FRIEND

Sex: Female; Color or Race: White; Birthplace: Fr. Co. Md

Occupation: House Wife; Where Residing if not at place of death: Mt. Pleasant Fr. Co. Md

Married, Single or Widowed: Widow; Name of Wife or Husband: George Shelton

Father's Name: Frederick Kolb; Father's Birthplace: Fr. Co. Md

Mother's Maiden Name: ; Mother's Birthplace: ;

Name of person giving information: Mrs. Webster; How related to deceased: Niece

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Bright's Disease; How long: don't know

Immediate: Uremic Coma; How long: Several months

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: L. V. Hafflinger M.D.

Address: Frederick, Md.

Accident or Suicide?

120

LIBRARY BUREAU A88816

Interment at Double S. Cem-
" Oct 6th 04
A F Rice Undr

Name in Full: Catharine Ann Shively

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Liberty — County: Frederick

Date of death 1904: Month: Oct — Day: 11 — Age: Years: 41 — Months: 11 — Days: 5

Sex: Female — Color or Race: White — Birthplace: Carroll Co

Occupation: Housewife — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Jeremiah L. Shively

Father's Name: Daniel Stank — Father's Birthplace: Frid Co

Mother's Maiden Name: Margaret Stonebraugh — Mother's Birthplace: Fred Co

Name of person giving Information: Jeremiah L Shively — How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever — How long: 3 weeks & 3 days

Immediate: Hemorrhage. — How long: A few hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Thomas Shriv.

Address: Liberty Town Fred Co. Md.

Accident or ~~Suicide~~?

LIBRARY BUREAU A88816

Name In Full: Dufaut -

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Middletown — County: Frederick

Date of death: Month: Oct — Day: 3 — Age: Years: — Months: — Days: 28

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: S. Leslie Shofer — Father's Birthplace: Md

Mother's Maiden Name: Rebecca Davis — Mother's Birthplace: Md

Name of person giving Information: Marshall Feete — How related to deceased: none

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Acute Nephritis 7 11 — How long: Two Days

Immediate: Shock — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: A. D. Lamon M.D.

Address: Middletown Md

Accident or Suicide? —

LIBRARY BUREAU A88516

Name in Full: David Ezra Smith

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Johnsville — County: Frederick

Date of death: 1904 — Month: Oct. — Day: 12 — Years: 3 — Months: 6 — Days: 19

Sex: Male — Color or Race: White — Birthplace: Maryland

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

Father's Name: George W. Smith — Father's Birthplace: Maryland

Mother's Maiden Name: Debbie Foreman — Mother's Birthplace: Maryland

Name of person giving Information: George W. Smith — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Enteric-Colitis — How long: 3 weeks

Immediate: Heart Failure — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: F. H. Seibold

Address: Johnsville, Md.

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A66616

Name in Full: Benjamin Swann.

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Liberty — County: Frederick

Date of death 1904 — Month: Oct — Day: 18 — Age — Years: 84 — Months: 11 — Days: 13.

Sex: Male — Color or Race: Colored — Birthplace: Fred Co

Occupation: Laborer. — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Henrietta Swann.

Father's Name: John Swann — Father's Birthplace: Fred Co

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: William Rice — How related to deceased: Brother in law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Infirmities of Old Age. — How long: 15 4

Immediate: Heart Failure — How long: 3 hours.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Thomas Linn.

Address: Liberty town Md.

Accident or Suicide?

LIBRARY BUREAU A86316

Name in Full: Elizabeth Topper

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Emmitsburg — County: Frederick

Date of death 1904 — Month: Oct — Day: 12 — Age: 78 — Months: — Days: —

Sex: Female — Color or Race: White — Birthplace: Emmitsburg Md

Occupation: House Wife — Where Residing if not at place of death: Emmitsburg

~~Married~~ ~~Single~~ or Widowed — Name of Wife or Husband: James Topper

Father's Name: Sanders — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: Jacob Topper — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Aortic Insufficiency 79 — How long: 5 Months

Immediate: Cardiac Insufficiency — How long: 10 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. D. E. Stone

Address: Emmitsburg Md

~~Accident or Suicide~~?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88819

Name in Full: Sarah A. Wagner, 23.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Near New Market; County: Frederick

Date of death 1904 Oct 17; Age: Years 56, Months 6, Days

Sex: Female; Color or Race: White; Birthplace: Fred Co

Occupation: Housewife; Where Residing if not at place of death: ~~H~~

Married, Single or Widowed: Married; Name of ~~Wife or~~ Husband: Wm J. Wagner

Father's Name: Manassa Eader; Father's Birthplace: Fred Co

Mother's Maiden Name: Mary Lease; Mother's Birthplace: Fred Co

Name of person giving Information: Dr Downey; How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Abscess 20; How long: 4 Mos.

Immediate: Pyaemia; How long: 2 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jno Downey MD

Address: New Market Md

Accident or Suicide?

LIBRARY BUREAU A8501G

Name in Full: James Waller

80

CERTIFICATE OF DEATH

MARYLAND

Died at: Mottus — Town: [illegible] — County: Frede

Date of death 190x: Month: Oct- — Day: 16 — Years: Age 8- 9 — Months: 1 — Days: 14

TO BE ANSWERED BY NEAREST FRIEND

Sex: male — Color or Race: white — Birthplace:

Occupation: farmer — Where Residing if not at place of death:

Married, Single or Widowed: married — Name of ~~Wife or~~ Husband: Diana A Harbaugh

Father's Name: Jno Waller — Father's Birthplace:

Mother's Maiden Name: Mary Bladhill — Mother's Birthplace:

Name of person giving In formation: Diana A Waller — How related to deceased: wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid fever — How long: 6 weeks

Immediate: Hepatic abscess — How long: 4 "

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Morris A Bailey

Address: Thurmont Md.

Accident or Suicide?

LIBRARY BUREAU A8881

Name in Full: James N Webster

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Mar Frederick; County: Frederick

Date of death: 1904; Month: Oct; Day: 18; Age: Years 29; Months 7; Days 23

Sex: Male; Color or Race: white; Birthplace: Md.

Occupation: Laborer; Where Residing if not at place of death: X

Married, Single or Widowed: Married; Name of Wife or Husband: Lelia M. Brashear

Father's Name: Jas. N. Webster; Father's Birthplace: Md

Mother's Maiden Name: Mary Lacomb; Mother's Birthplace: Md.

Name of person giving Information: Mrs Brashear; How related to deceased: Brother-in-law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Laryngeal Tuberculosis; How long: Six or eight months.

Immediate: H Lumbar; How long: Prolonged.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: D. B. Johnson

Address: Frederick Md

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full: Emily J. Wishaar

CERTIFICATE OF DEATH

MARYLAND

Died in Town: New Market | County: Frederick | 21

Date of death: Month: Oct. | Day: 11 | 1904

Years: Age 38 | Months: 4 | Days: 7

Sex: Female | Color or Race: White | Birthplace: Richmond, Va.

Occupation: Housewife | Where Residing if not at place of death: —

Married, Single or Widowed: married | Name of ~~Wife or~~ Husband: John Wishaar

Father's Name: Robert McCall | Father's Birthplace:

Mother's Maiden Name: Mary McCall | Mother's Birthplace:

Name of person giving information: Mrs. Bing | How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever | How long: 4 weeks

Immediate: Cardiac Asthenia | How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Downey & Hopkins

Address: New Market, Md.

Accident or Suicide? No

LIBRARY BUREAU A88618

Name in Full — Certificate of Death

American A. G. P. Biles

Died at Town: Lewistown — County: Frederick — MARYLAND

Date 1904 Month: 10 Day: 31	Age Y.: 58 M.: 7 D.: 4	Native of: Md	Occupation: Farmer

Male / ~~Female~~ — White / ~~Colored~~ — ~~Married~~ / ~~Single~~ / Widower / ~~Divorced~~

Number of children living: 6

Husband / ~~Wife~~ of: Sarah Hammer

Father's Name: Peter Biles — Mother's Maiden Name: Rebecca Birely

Cause of Death — Primary: — How long sick:

Immediate: Acute Failure 179 — Accident, Suicide, Homicide:

Reported by: E. Dillehunt

Address: Lewistown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Elizabeth Wilson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Pleasant-Level — County: Frederick

Date of death: Month: Oct — Day: 6th — 1907

Age — Years: 76 — Months: 6 — Days: 16

Sex: Female — Color or Race: White — Birthplace: Frederick Md

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: Widow — Name of Wife or Husband: —

Father's Name: Henry Rice — Father's Birthplace: MD

Mother's Maiden Name: Elizabeth unknown — Mother's Birthplace:

Name of person giving information: Annie Betts — How related to deceased: Daughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phthisis Pulmonalis — How long: 2 years

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. B. Wheeler M.D.

Address: Braddock Maryland

Accident or Suicide? Natural

LIBRARY BUREAU A68616

Name in Full: Henrietta Wilson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Montevue Hospital; County: Frederick

Date of death: Month: Oct; Day: 29; 190[illegible]; Age: Years: 77; Months; Days

Sex: Female; Color or Race: Black; Birthplace

Occupation: X; Where Residing if not at place of death: X

Married, Single or Widowed; ~~Name of Wife or Husband~~: X

Father's Name: X; Father's Birthplace

Mother's Maiden Name: X; Mother's Birthplace

Name of person giving In formation: [illegible] X; How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Genral Debility; How long

Immediate: Exhaustion; How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: R. S. Tyson

Address: Frederick Md.

Accident or Suicide?

LIBRARY BUREAU A66816

Name in Full George Edward Wolff

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Middletown — County: Frederick

Date of death 1904 — Month: Oct. — Day: 3 — Age — Years: 56 — Months: 3 — Days: 5

Sex: Male — Color or Race: White — Birthplace: Allentown, Pa.

Occupation: Laborer — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Fannie Linthicum

Father's Name: Augustus Wolff — Father's Birthplace: Germany

Mother's Maiden Name: Anna Tracy — Mother's Birthplace: Allentown Pa.

Name of person giving In formation: Edward Wolff — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Typhoid Fever — How long: 19 days

Immediate: Hemorrhage — How long: 5 hrs.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. D. E. Remsberg

Address: Middletown Maryland.

Accident or Suicide?

LIBRARY BUREAU A8881C